

# Outpatient and Non-Acute Inpatient Cholecystectomy Episode Executive Summary

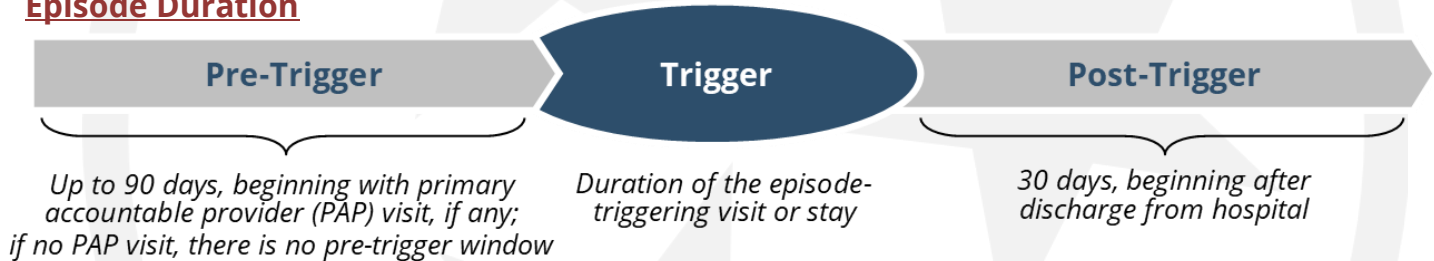
## Episode Design

- **Trigger:** cholecystectomy procedure
- **Quarterback type:** professional (surgeon who performs the procedure)
- **Care included:** all cholecystectomy-related care including anesthesia, imaging and testing, evaluation and management, and medications

## Sources of Value

- Early involvement of the general surgeon to direct care
- Employ appropriate diagnostic tests to inform selection of procedure
- Appropriateness of procedure
- Choose appropriate site of services, make the most efficient use of patient stay, and minimize waiting for procedures and tests
- Reduce potential for complications due to technical performance (e.g., hepatic laceration)
- Employ evidence-based choice of post-operative therapies and medications
- Reduce readmissions through coordinated discharge care and patient education

## Episode Duration



## Quality Metrics

### **Tied to Gain-Sharing**

- Hospital admission in the post-trigger window (lower rate is better)

### **Informational Only**

- Intraoperative cholangiography
- Endoscopic retrograde cholangiopancreatography (ERCP)
- Average length of stay
- Difference in average morphine equivalent dose (MED) per day

## Making Fair Comparisons

### **Exclusions**

- Business exclusions: inconsistent enrollment, third-party liability, dual eligibility, FQHC/RHC, no PAP ID, incomplete episodes, overlapping episodes
- Clinical exclusions: different care pathway (e.g., acute pancreatitis, chronic pancreatitis, active cancer management, cirrhosis, cholangitis, cystic fibrosis, end-stage renal disease, laparotomy, multiple sclerosis, organ transplant, pregnancy, DCS custody)
- Patient exclusions: age (less than 18 or greater than 64 years old), death, left against medical advice
- High-cost outlier: episodes with risk-adjusted spend greater than three standard deviations above the average risk-adjusted episode spend for valid episodes are excluded.

**Risk adjustment** is used to ensure appropriate comparisons between patients.

**To learn more about the episode's design**, please reference the Detailed Business Requirements (DBR) and Configuration File on our website at <https://www.tn.gov/tenncare/health-care-innovation/episodes-of-care/searchable-episodes-table.html>.